

Officeholder and Candidate  
Campaign Statement –  
Short Form

Date of election if applicable:  
(Month, Day, Year)

6-7-22

☐ Amendment (Explain Below)

RECEIVED BY  
COVINA CITY CLERK

22 APR 27 AM 10:49

Date Stamp

CALIFORNIA  
FORM

470

For Official Use Only

1. Statement Covers Calendar Year 20 22

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

GEOFFREY COBBETT

STREET ADDRESS

[REDACTED]

CITY

COVINA

STATE

CA

ZIP CODE

91723

AREA CODE/DAYTIME PHONE NUMBER

[REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS

RACNFAM@MSN.COM

3. Office Sought or Held

OFFICE SOUGHT OR HELD

COVINA CITY Treasurer

JURISDICTION (LOCATION)

COVINA

DISTRICT NUMBER  
(IF APPLICABLE)

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER

COMMITTEE ADDRESS

NAME OF TREASURER

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

4-27-22

DATE

By

[REDACTED]

SIGNATURE OF OFFICEHOLDER OR CANDIDATE